


Carrier

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, 		A. Signature X <i>[Signature]</i> <i>13-11</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. <i>[Signature]</i> (Printed Name)	C. Date of Delivery <i>13-11</i>
 National Asset Recovery, Inc. c/o Lexis Document Service, Inc. 150 S. Perry Street Montgomery, AL 36104		address different from item 1? <input type="checkbox"/> Yes delivery address below: <input checked="" type="checkbox"/> No MAR 03 2008	
		3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2:07cv922 (Comp/amOcmp/sms)		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 3110 0003 7316 7440	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	